

#5 and 9
Kounan
4/14/03



ACR0051-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: CHU-CHIA, TSAI Serial No.: 09/973,910 Filed: October 11, 2001 For: ERGONOMIC KEYBOARD	Art Unit: 2835 Examiner: Edwards, A. Q.
---	--

AMENDMENT

Box: Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the Office Action dated January 2, 2003, please amend the above-identified application as follows:

No extension of time or other fees are believed to be due, except as detailed in the attached documents. However, any extension of time necessary to prevent abandonment is hereby requested, and any fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 50-1390.

In the Claims:

Please amend claims 1 and 8 as shown in the attached sheets.

RECEIVED
APR - 3 2003
TECHNOLOGY CENTER 2800

RECEIVED
APR - 2 2003
TECHNOLOGY CENTER 2800

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **CHU-CHIA, TSAI**

Docket No.

ACR0051-US

Serial No.

09/973,910

Filing Date

October 11, 2001

Examiner

Edwards, A.Q.

Group Art Unit

2835Invention: **ERGONOMIC KEYBOARD****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-1390**
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.

Signature
Michael D. Bednarek
Registration No. 32,329
SHAW PITTMAN LLP
1650 Tysons Boulevard
McLean, VA 22102

Dated: **April 1, 2003**

Customer No. 28970

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Signature of Person Mailing Correspondence**Typed or Printed Name of Person Mailing Correspondence*

CC:

BEST AVAILABLE COPY